Name:	
Address:	

MEDICAL CLAIMS CONCILIATION PANEL OFFICE OF ADMINISTRATIVE HEARINGS DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS STATE OF HAWAI'I

In the Matter of the Claim of) MCCP No
,) CLAIMANT'S [RESPONDENT'S]) PREHEARING STATEMENT;) CERTIFICATE OF SERVICE)
Claimant, vs.) Hearing Date:) Time:)
)))
Respondent.)))

CLAIMANT'S [RESPONDENT'S] PREHEARING STATEMENT AND LIST OF MEDICAL RECORDS/EXHIBITS

I. NATURE OF THE CASE

II. <u>CLAIMANT'S [RESPONDENT'S] THEORY OF THE CASE</u>

III.	<u>UND</u> 1.	DISPUTED FACTS	
	2.		
	3.		
	4.		
IV.	WIT	<u>NESSES</u>	
	A.	Expert Witnesses	
		1.	
		2.	
	B.	Lay Witnesses	
		1.	
		2.	
V.	EXH	<u>IIBITS</u>	
	1.		
	2.		
	3.		
	4.		
VI.	LEG	AL QUESTIONS	
	1.		
	2.		
	2.		
	DAT	ED: Honolulu, Hawaiʻi,	
			CLAIMANT (RESPONDENT) OR
			ATTORNEY FOR CLAIMANT (RESPONDENT)

CERTIFICATE OF SERVICE

I hereby certify that on this date, I caused a true and correct copy of the foregoing document to be duly served on the following person at the address indicated, via first class mail, postage prepaid, or hand-delivery (as indicated below):

	of person served]	Hand-delivered			Mailed	
[Name			()	()
	DATED: Honolulu, Hawaiʻi,					
		Name				